Decision Support for Governing Boards of Integrated Delivery Networks: Explicating versus Eliciting Knowledge

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The everyday knowledge work of members of one governing health board was mapped using institutional ethnography. Our objective was to identify opportunities to improve the effective use of information and communication technologies for decision support. The dynamic interplay of work processes, professional discourse, institutional complexes and dominant ideology was explicated, that is, made visible in relation to the actualities of work practices.

Rationale: Boards of integrated delivery networks need high quality information to appraise the performance of the health care systems they govern. The research basis upon which to build strategies to assist these important decision-makers is limited by a dearth of empirical studies on how Boards actually make decisions. There are many indications that Board functioning can be improved through appropriate information and communication technology but because the relevant processes are poorly understood, improvement strategies lack a substantive basis.

Method: An institutional ethnography (IE) was conducted using standard ethnographic data sources of observational data, key informant interviews, meeting transcripts and documentation[1,2]. Unlike ethnographic approaches investigating culture and meaning, an IE analysis investigates how regional health boards actually do the work of decision making linking boardroom happenings to the orchestrating activities of institutional practices related through web-like complexes of interdependencies.

Results: Preliminary analysis indicates that a simple linear model of decision making is not in evidence. Moves to accept the report of a committee or review the performance of the CEO do not appear as classic decisions. Board members rely on the knowledge and contacts of board members to become concisely informed from sources external to the organization. Staff members are also called upon as expert resources. Decision support units mine information from administrative databases on an adhoc basis.

Governance discourse advises Boards that the CEO is their only staff member and warns against meddling in micro management decisions and so a Board member is discouraged from pursuing a line of enquiry that could inform them of the operational impact of a decision.

Legislation creates and removes power as regions merge. Shifts in dominant ideology require the Board to considering the privatization of services. Agendas, minutes and budgets, as well as more customized decision support templates organize the content of information and coordinate its flow in relation to decision-making cycles.

Conclusions: This analysis explicates the actual working of a regional health board based on an understanding of knowledge as a social construction in contrast to knowledge eliciting approaches that understand knowledge as residing in users or computerized systems. IE recognizes that the extent of social organization of work practices is not consciously understood by users and therefore cannot be communicated directly. Explicating how knowledge work comes to be organized the way it is by making visible work practices orchestrated by ruling institutional practices provides new and valuable perspective. A better understanding of the basis of regional health board decision making using an IE approach is warranted because of the vital importance of these decisions for health care and the health of populations – a top priority for both government and the public.

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